New Jersey Public Employment Relations Commission NON-POLICE AND FIRE

COLLECTIVE NEGOTIATIONS AGREEMENT SUMMARY FORM

| Line | # | | | | | | | |
|---|---|--|--------------------|---------------------------------------|--|-------------------------|--|--|
| | SECTION I: Parties and Term of Contracts | | | | | | | |
| 1 | Public Employer: | Public Employer: Gloucester County Special Services School District: | | | County: Gloucester | | | |
| 2 | Employee Organizati | Employee Organization: | | | Number of Employees in Unit: 489 | | | |
| 3 | Base Year Contract To | 7/1/2012-6/3 | 30/2015 | New Contract Term: 7/1/2015-6/30/2018 | | | | |
| | SECTION II: Type of Contract Settlement (please check only one) | | | | | | | |
| 4 | Contract settled without neutral assistance | | | | | | | |
| 5 | Contract set | Contract settled with assistance of mediator | | | | | | |
| 6 | Contract set | Contract settled with assistance of fact-finder | | | | | | |
| 7 | Contract set | Contract settled with assistance of super-conciliator | | | | | | |
| 8 | | | · | a report with recom | mandations? | | | |
| | If contract was settled in fact-finding, did the fact-finder issue a report with recommendations? Yes No | | | | | | | |
| | SECTION III: Salary Base | | | | | | | |
| | The salary base is the the parties negotiate | | | pired or expiring agr | eement. This is th | ne base cost from which | | |
| _ | | | ¢ 17,105,515 | | | | | |
| 9 | Salary Costs in Base Y | Salary Costs in Base Year \$ | | Y | | | | |
| 10 | Longevity Costs in Ba | se Year | ş <u> 186,000</u> | | | | | |
| 11 | Total Salary Base | Total Salary Base | | ş 17,291,515 | | | | |
| | SECTION IV: Salary | Increases for Each | Year of New Agre | eement* | | | | |
| 40 | F(()) 5 . | Year 1 | Year 2 | Year 3 | Year 4 | Year 5 | | |
| 12 | Effective Date (month/day/year) | 7/1/2015 | 7/1/2016 | 7/1/2017 | | <u> </u> | | |
| 13 | Cost of Salary Increments (\$) | 232,022 | 237,416 | 239,944 | | | | |
| 14 | Salary Increase Above Increments (\$) | 396,868 | 398,238 | 434,918 | | | | |
| 15 | Longevity Increase (\$) | 52,000 | 20,000 | 27,000 | ************************************* | 1 | | |
| 16 | Total \$ Increase (sum of lines 13-15) | 680,890 | 655,654 | 701,862 | Pro-04-14-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1 | | | |
| 17 | New Salary Base (\$) | 17,972,465 | 18,628,119 | 19,329,981 | | | | |
| 18 | Percentage increase over prior year | 3.94 % | 3.65 % | 3.77 % | 9 | . % | | |
| *If contract duration is longer than five years, please add an additional page. | | | | | | | | |

SECTION V: Increases in Other Contractual Economic Items or Newly Added Economic Items*

| 19 | Item Description | Base Year Cost (\$) | Year 1 Increase (\$) | Year 2 Increase (\$) | Year 3 Increase (\$) | Year 4 Increase (\$) | Year 5 Increase (\$) |
|----|-----------------------|------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|
| | CDL Stipends | 3,600 | 0 | 0 | 0 | | |
| | Tuition Reimbursement | 100,000 | 0 | (100,000) | 0 | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| 20 | Totals(\$): | 103,600 | 0 | (100,000) | 0 | | |

^{*}If contract duration is longer than five years, please add an additional page.

SECTION VI: Medical Costs Base Year Year 1 6,631,782.20 7,264,842.00 21 Health Plan Cost s 1,850,119.58 2,006,519.18 22 Prescription Plan Cost 390,647.38 \$ 383,573.40 23 **Dental Plan Cost** 74,250.00 24 74,250.00 Vision Plan Cost \$ 8,946,799.16 9,729,184.58 25 **Total Cost of Insurance** s 610,059.34 865,856.59 26 **Employee Insurance Contributions** Employee Contributions as % of Total Insurance Cost 6.82 8.90 27

Page 2 of 3 (complete all pages)

| Employ | er: Gloucester Cou | nty Special Services School District | Employee Organization: | Gloucester County Special Services Education Association | Page 3 |
|---------------------------------------|--|---|---|---|----------|
| Section | ı VI: Medical Co | osts (continued) | | | |
| cover | e-to-one aide age from the | nsurance changes that were in es and classroom assist AETNA 2035 HMO or t al coverage by payroll d | tants hired after 06/1 the Horizon 2035 HM | 5/16 shall be entitled to select si IO Insurance Plans and may | ngle |
| | | | | | |
| 29 | | Certification and Signature ed certifies that the foregoin | ng figures are true: | | |
| | Print Name: | Michael C. Dicken | , | | |
| | Position/Title: | Superintendent | 1 | | |
| | Signature: | Prince | | | |
| | Date: | 2/21/2017 | | | |
| | Send this comp form to: <u>contra</u> | leted and signed form along | g with an electronic cop | y of the contract and the signed certi | fication |
| · · · · · · · · · · · · · · · · · · · | NJ Public Emplo | vment Relations Commissio | n | | |

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